



NO PLACE FOR TOMMY

A STUDY ON EMOTIONALLY DISTURBED CHILDREN IN TEXAS

PRINTED BY: THE UNIVERSITY OF TEXAS PRINTING DIVISION
ART WORK BY: THE VISUAL INSTRUCTION BUREAU, THE UNIVERSITY OF TEXAS

PRICE: 25c

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STUDY CONCERNING EMOTIONALLY DISTURBED CHILDREN IN TEXAS

**(Based on Survey by the Public Affairs Study
Committee of Nine Junior Leagues of Texas)**



The Hogg Foundation for Mental Health
The University of Texas, 1958

ACKNOWLEDGEMENTS

THIS BOOKLET was made possible because there were many people, both professional and volunteer, who were vitally interested in the problem of severely emotionally disturbed children.

The Junior Leagues of nine Texas cities began the study because of the concern of the Junior League of Amarillo. The planning and the establishment of the Public Affairs Study Committee was possible because of the able leadership of Mrs. Duane McDonald, Regional Director of Region VIII, Association of Junior Leagues of America, Inc.

The first steps forward were made with the help of the Texas Research League—Mr. Aris A. Mallas, Jr., Project Director, Mrs. Margaret McQueen, Research Editor, and the secretaries who typed the section of the Research League's report on emotionally disturbed children. Dr. William C. Adamson, formerly director of the Austin Community Guidance Center and now director, the Child Study, Treatment, and Research Center, the Woods School, Langhorne, Pennsylvania, counseled and encouraged interested members of the committee. Mr. Charles Mitchell and Mr. Dwight Rieman of

the Mental Health Division of the State Health Department gave of their time and information; Mrs. Geneva Evans, psychologist with the Child Welfare Division of the State Department of Public Welfare, added support with her interest and knowledge of the problems; Dr. Sam Hoerster of the Austin State Hospital gave kindly of his time and experience. Dr. Bernice Milburn Moore, Dr. Wayne H. Holtzman and Dr. Robert L. Sutherland of the Hogg Foundation for Mental Health have each had a part in bringing us information and putting us in touch with others who were interested in this study. Bert Kruger Smith of the Hogg Foundation deserves that very special star-studded crown that only those who help edit and advise can wear. Mr. Clarence Wiggam, Executive Secretary of the Texas Social Welfare Association was most kind in allowing our committee to meet with the Texas Social Welfare Association Conference and very helpful in arranging our reservations and meeting places.

The following critic readers checked the manuscript for authenticity and made constructive suggestions: Mr. Bert Burnes, Director of Counseling, Austin Public Schools; Miss Rosalind Giles, Child Welfare Director, State Department of Public Welfare, Austin; Mr. W. F. Anderson, Director, Austin Juvenile Home; Dr. John Boston, Director, Austin Community Guidance

Center; Mrs. Lorena Coates, Case Work Supervisor, Child and Family Service; Dr. Harold Goolishian, Administrative Director, Youth Development Project, Galveston.

We sincerely thank all these people.

The compiling of information for the final report was interesting but very time-consuming. Members of the Austin Public Affairs Committee helped not only enthusiastically but creatively. Our appreciation to each of them is deep.

And last, but certainly not least, we thank all the people in our communities who gave us the information for the study. They were a source of hope to us.

Public Affairs Study Committee of the
Nine Junior Leagues of Texas
Amarillo
Austin
Beaumont
Corpus Christi
El Paso
Fort Worth
Galveston
Lubbock
San Antonio

INTRODUCTION

THIS BOOKLET, based on a 1957 study by nine Junior Leagues in Texas, will tell about Tommy Smith, a youngster whose emotional problems made him need residential care.

It is hoped that the reader will see Tommy as one—only one—of the hundreds of disturbed youngsters in our state who badly need the kind of professional aid which a residential treatment center for emotionally disturbed children can give.

Tommy might be your neighbor's child, or a nephew, or a friend of your own little boy's. Tommy might be the boy who commits senseless vandalism in your home or who hurts your child. More remotely but no less actually, Tommy may be one of the youngsters who ends up committing a crime which sends him to prison for years, time for which your own tax money will help to pay. Or he may become so disturbed that he has to go to a mental hospital where, again, your own tax money will aid in supporting him.

What can we do for Tommy and the others? That is the question which the Junior League of Amarillo raised in 1955 and which eight other Junior Leagues of Region VIII hoped to help answer.

This interest was not isolated. For many years the members of the Junior Leagues of America have known the satisfaction of helping to fulfill community needs in the fields of health, welfare, and culture. When a community need is great, the Junior Leagues, sometimes with the help of professional people, sometimes cooperating with other organizations, have been willing to begin a new kind of service to alleviate the need. In the main, the Junior Leagues have worked in their individual communities.

In the field of mental health the Junior Leagues have been especially interested in child and family psychiatric out-patient clinics and have been instrumental in helping secure them in many communities. In Texas, at least four such child and family clinics receive financial support from the Leagues. Through this interest a related problem was observed—that of emotionally disturbed children who require more than out-patient clinic care, children who need residential psychiatric treatment.

These children, normal or above in intelligence, bear such a burden of emotional problems that they cannot carry on normal living in their homes, schools, or communities. The disturbances may show themselves in many ways—in complete withdrawal from all relationships or in aggressive behavior which menaces society. But the youngster who has removed himself to a corner, both literally and figuratively, and the child who strikes out against society in destructive acts, including murder, have one problem in common. They are disturbed children and children in need of help. For them, constant attention and treatment by trained personnel are necessary in order that they can be returned to their communities as producing citizens.

A residential treatment center is an institution, school, or hospital where disturbed children can be given psychiatric treatment. All personnel administering to the needs of the children are trained to understand them and help redirect their thinking and living patterns. Such a center provides a changed environment where the child, feeling both accepted and understood, can be helped by professional guidance.

Because of the limited facilities now in Texas, there are many children who do not get the necessary psychiatric care, which is costly and not easily set up or staffed. The few private facilities in the state which receive emotionally disturbed children have increased professional personnel on their staffs, but still they cannot begin to care for all of the children needing residential treatment. And even though states or fraternal organizations sometimes sponsor a child in such a home, there are many children who should have such treatment but whose families cannot afford to send them to a center.

In order to learn more about such centers, a study committee with nine Junior Leagues participating was organized.

The community interviews were in no way an attempt at a complete community survey. They were a sampling of community opinion on the subject of the treatment of emotionally disturbed children. The committee was not well enough informed to attempt a comprehensive study nor trained in the techniques of survey taking. The interviews were made for the main purpose of trying to learn the scope of the problem and to get the thinking of some of the people whose work with children would give them a background of knowledge of the problems. It was heartening to nine Junior Leagues in Texas to discover increasing interest in the problems of children throughout

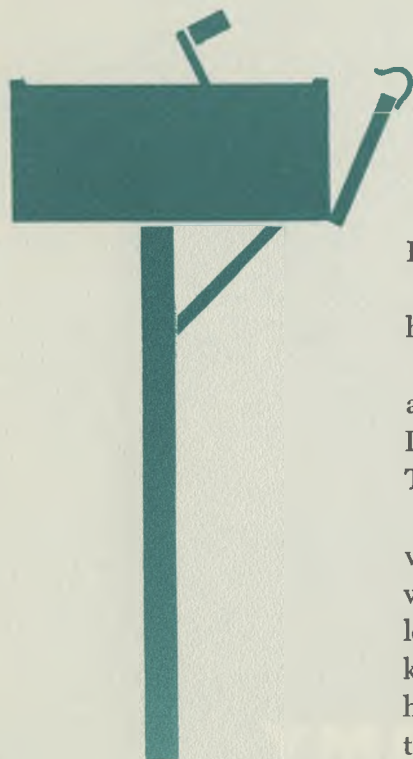
the state. This interest is evidenced in part by the number of child psychiatrists who are now in Texas. In addition to those directing community guidance clinics, there are also child psychiatrists at each of the three medical schools: Dr. C. C. Morris and Dr. James C. Flanagan, The University of Texas Medical Branch; Dr. Robert Stubblefield and Dr. Robert Leon at Southwestern Medical School; and Dr. Irvin A. Kraft at Baylor Medical School. No doubt there are others who could have helped and were not consulted because our committee did not know their help was available. It is the hope of the committee that at some time a thorough survey will be done. In the meantime, it believes that this study will serve to arouse interest and perhaps provide background information for the making of a survey.

Since November of 1956 some eighteen Junior League members from nine cities have been reading about residential treatment centers for children in other states, making a special study of *Residential Treatment Centers: A Descriptive Study*, Joseph Reid and Helen Hagan, and have been interviewing various people (in their communities) who work with children—county and district judges, doctors, school counselors, social workers, psychiatrists. More than one hundred persons in the nine cities have been seen. These interviews have been recorded and some basic conclusions made. From these reports the following fictitious story is taken.



WHAT ABO

UT TOMMY ?



MRS. CHARLES LANDERS
ROUTE 2
SPRINGDALE, TEXAS

October 4, 1957

DEAR HELEN:

Dad and I enjoyed talking with you and Mort the other night. We can hardly wait for your trip up here next week.

I'll save all the news until you get here, but in the meantime, I want to ask you for some help—no, it has nothing to do with Dad and me but with Lucy Smith (remember she used to be Lucy Morrison) and her little boy, Tommy.

Lucy spent the past week or so here with her mother, and my heart really went out to her. Frankly, dear, she's at the end of her wits about what to do with Tommy. She brought him here because the school won't keep him any longer. He has stolen things from his teacher and his classmates; he nearly killed one of the little boys by throwing an enormous rock at him; and he has run away from home a half dozen times. Lucy came to see me, and I talked with her for a long while. She told me that last year she and Henry took

Tommy to a community guidance clinic. The doctor worked with him for months and did help a little. He said that Tommy had an unusually high I.Q. but that he was so miserable inside that he simply couldn't function. He frankly told them that what Tommy needed was a place where he could have professional care 24 hours a day—a residential treatment center, I believe they call it. They've tried several places but with no luck. I think Lucy's going to break down if this keeps up much longer. Lucy and Henry are beside themselves with worry. They told me they'd sell their house if they had to to get the money for Tommy's treatment. But even with Hank's job and what they've saved, they couldn't scrape up more than \$150 a month.

You've written me about how the Junior League is making a study of residential treatment centers for Texas, and I am wondering if you can make any suggestions for Tommy. I'm enclosing a sheet which Lucy gave me, telling some facts about the boy.

Thank you, darling, for anything you can do. I know that you are as eager as I to do something for Tommy.

Lovingly,
Mother

MRS. MORTON FIELDS
2115 WALNUT STREET
RADFORD, TEXAS

October 8, 1957

DEAR MOTHER:

Your letter nearly broke my heart! Poor Lucy! After I read your letter, I just sat down and reminisced awhile—about our school days together and about how Lucy with her blonde curls and sparkly blue eyes used to be the envy of us all. No more! When Helen and Butch came running in from school, I grabbed them both so tightly they asked me what was wrong. I couldn't answer for the tears. I simply made some peanut butter and jelly sandwiches and couldn't find the words to say to them, "This is just my way of spreading out my love for you and my thankfulness that you're the way you are, mischievous, naughty sometimes—but mostly happy and adjusting."

Well, enough about us. You know that I will do anything and everything I can for Lucy; except, Mother, I'm afraid there isn't much to do. We started our study six months ago, and most of the reports are already in from Amarillo, Austin, Beaumont, El Paso, Fort Worth, Galveston, San Antonio, Lubbock, and Corpus Christi. I've been compiling figures, and do you know,

Mother, that there are desperately limited facilities for a child like Tommy? Private centers can handle only a tiny percentage of children needing such care, and state facilities are definitely limited. The Youth Development Project in Galveston does take care of some disturbed adolescents on an outpatient basis. There are facilities for only a few—so very few—of all the youngsters who need help. Since Tommy's only 11, I doubt if they could see him. We've heard about Camp Woodland Springs in Dallas County. It's a wonderful place from all reports, but there again, only Dallas County children are eligible, and space is limited.

All of this sounds discouraging I know, Mother, but I am going to try in every way I know to find some place for Tommy.

It begins to amaze me that so few people seem to know what an emotionally disturbed child really is. (Don't I sound supercilious? Last year I didn't really know either, not until we started our study.) But, anyway, when I start talking about emotionally disturbed children, someone always says, "Oh, you mean a child who is mentally retarded?" Or, "A crippled child?" I try to explain that we're talking about children who are normal in their capabilities but who are so emotionally disturbed that they may commit a crime or who, on the other hand, may draw right into themselves.

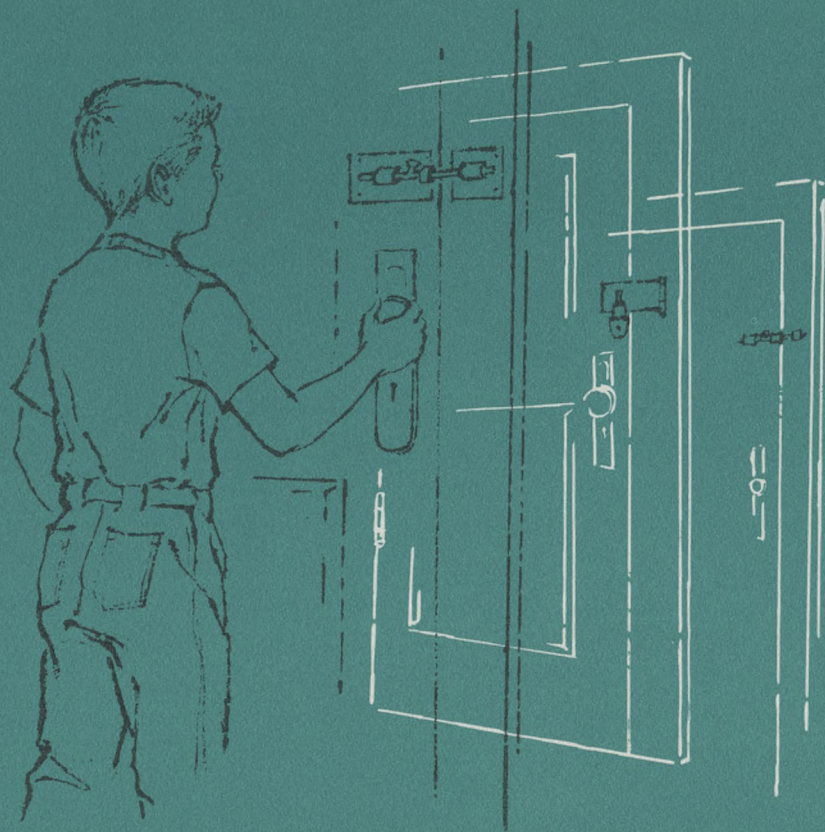
You know, Mother, it surprises me that people will react with all kinds of sympathy to the crippled child or the youngster who is subnormal, but they often think the child with emotional problems is just acting up or being bad or needing a spanking. I wish I could make them see how desperately these children require help.

Of course, guidance centers give a lot of aid to troubled youngsters, and those towns where there are such centers are really fortunate. But we've discovered that some children have to be removed completely from their home environment and placed in an institution or school or hospital where they can have psychiatric treatment. The staffs of these centers are trained to understand the children and to help them professionally. Apparently, Tommy needs such care.

Well, I sound as if I've mounted a soap box. Forgive me, Mother. I do get carried away when we start talking about residential treatment centers.

You and I can talk about Tommy a little more when Mort and the children and I come up this weekend. Meanwhile, I'll start the letters going and see if we can find some place for Tommy.

Love,
Helen



WHAT WILL HAPPEN TO TOMMY?

CENTERVILLE PUBLIC SCHOOL SYSTEM
PLEASANTVIEW ELEMENTARY SCHOOL
CENTERVILLE, TEXAS

November 6, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

We are grateful to you for your interest in Tommy Smith. Since Tommy's mother asked us to give you our report, we are glad to do so.

As you know, our school counselor, Miss Exall, worked with Tommy and his parents last year and hoped to be able to resolve the problem. Miss Exall did as much as she could, but she has the responsibility for 437 other children and naturally could give but a small part of her time to this family. Her report shows that Tommy's problems were so deeply rooted that more knowledge and skill were needed than she could give. She referred the family to the Child Development Center in June of last year.

Unfortunately, Tommy's difficulties have been such that we have had to ask his family to take him out of school. We do this because we feel that the schoolroom situation is more than Tommy can cope with in his present dis-

turbed condition. For his own sake, as well as for the good of the other children in his class, Tommy should have clinical help before attempting further work in a public school.

Yours truly,
T. H. Brown
Principal, Pleasantview School

CHILD AND FAMILY SERVICE
A UNITED FUND AGENCY
CENTERVILLE, TEXAS

November 10, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

We have had a note from Mrs. Henry Smith, asking us to send you our report on her son, Tommy. Although our files are confidential, we send you the following information because the child's mother requested us to do so.

Dr. Blount of the Centerville Child Development Center recommends that Tommy be placed in a new environment because of the nature of his home and family relationships. As there is no residential treatment center available, we have thought a foster home placement might alleviate the problem. Understanding foster parents could work with Dr. Blount and with our case workers and help Tommy establish new patterns of behavior. However, this is easier said than done. We have interviewed at least 25 possible foster parents, and none feel that they can take Tommy. His problems are so great that they all feel either that they could not handle the child or that he would be too disturbing to their homes.

We must conclude that at this time there is nothing we can do as we have no home willing to take Tommy.

Regretfully yours,
Lena Groat
Case Worker

BAYTHORNE SCHOOL
WILLEMETTE, TEXAS

November 11, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

In reply to your letter requesting information about our school for exceptional children, I am listing our costs below. Baythorne School was established for mentally retarded children in the beginning but has now expanded to take children whose problems are emotional. We have several psychiatric social workers and psychologists working under the direction of a staff psychiatrist. Our school is privately owned and operated, and the costs of operation must be paid by patient fees.

Boarding care with minimum professional treatment is about \$3000 a year. If a psychiatrist must be brought in, of course the fee is higher.

I believe you stated that Tommy's family was not able to pay over \$1800 a year. It is with regret that we must tell you that under these circumstances we have no place for Tommy.

Yours truly,
Paul Wayford
Director, Baythorne School

THE CHILD GUIDANCE HOME OF INDIANAPOLIS
INDIANAPOLIS, INDIANA

November 14, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

In answer to your recent letter, we wish to tell you that our Child Guidance Home does give residential psychiatric treatment to emotionally disturbed children. Our center has facilities for 30 children and would accept the type of disturbed child you wrote about if our intake were not restricted. As our center is supported by the United Community Fund of Indiana, we have the policy of taking only residents of Indiana. At this time we have quite a long waiting list of applicants, and you can understand why we have to restrict our intake.

We are sorry to tell you that we cannot admit Tommy.

Yours sincerely,
Donald Gunn
Director, Child Guidance Home

TEXAS STATE DEPARTMENT OF PUBLIC WELFARE
CHILD WELFARE DIVISION

November 15, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

Because Mrs. Henry Smith has told us of your particular interest in her son, we are glad to send you what information we can about the child.

We have received the report on Tommy Smith from our case worker in the Centerville Department of Public Welfare. Her report indicates that Tommy must have long-term psychiatric treatment. Unfortunately, our department has only one psychologist who serves the entire state. This psychologist can do psychological studies and can recommend treatment, but other than this service, there is little that she can do. Since Tommy has already been tested and diagnosed by the Centerville Child Development Center, it seems that the service we can give is not needed.

In reply to your question as to where Tommy can be given residential in-patient treatment, I can think of no places other than the several private schools, which you have already tried, or the State Hospital System. I suppose

you know that at the Austin State Hospital, a 50 bed hospital is under construction for use as a children's unit. However, we have seen at least 32 children in the rural areas alone who need this facility, and we know that this State Hospital unit will be filled immediately. In all probability, these 50 beds will have to serve the children who can benefit most by the treatment given at the State Hospital.

We are sorry that we have no plan to recommend for Tommy.

Yours sincerely,
Miss Mary Blaine
Director, Child Welfare Dep't

COUNTY COURT, # 3
OFFICE OF JUDGE J. E. BOWEN
CENTERVILLE, TEXAS

November 15, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

Your letter of October 25th is received, and I am sorry to have to tell you we have no solution to the problem of care for the boy you wrote about. Our de-

tention home is operated for the children who have violated laws or who have been abandoned, and it is not equipped to take care of emotionally disturbed children. Although we have the help of the Child Development Center with some of our problem children, we cannot give the kind of care in this field that would be necessary for children like Tommy.

We would be happy to see the establishment of a residential treatment center for disturbed children in Texas. We feel that many children who come to us because they have violated laws are really disturbed children, and had they received treatment earlier, they would not have become delinquents. In fact, most of the children in our detention home have a background of truancy and minor violations that could have indicated the need for early treatment.

If I can be of further help, feel free to call on me.

Yours sincerely,

J. E. Bowen

Judge, County Court

CENTERVILLE CHILD DEVELOPMENT CENTER
A UNITED FUND AGENCY
CENTERVILLE, TEXAS

November 16, 1957

Mrs. Morton Fields
2115 Walnut Street
Radford, Texas

DEAR MRS. FIELDS:

After talking with Mrs. Smith and receiving your letter about Tommy Smith and the difficulties of finding some place for him, I have done a lot of thinking about the matter. You know, Tommy is not the only child in Centerville who needs residential treatment. I have treated five other children the past year who need it, and the director of the Detention Home says he has 30 to 40 children who should have had long-term care. Two psychiatrists in private practice have told me of some 30 children they know who ought to have residential type treatment. From studies I have read, there are more than 500 children in Texas—closer to a thousand—who could benefit from a residential treatment center.

The problem is an important one and not one that is easily solved. Residential treatment centers are expensive to build and expensive to operate. There is a shortage of psychiatrists and psychiatrically trained personnel.

However, other states have succeeded in setting them up, and I believe Texas can also.

Texas medical facilities are growing rapidly. They have to because Texas population is growing and Texas business is booming. Hospitals are being built and medical schools are expanding. Doctors are being attracted to Texas because of the challenge of growth. It seems to me that now is the time to interest medical professional organizations, philanthropic groups, and foundations in making plans for a residential treatment center.

If you can get a group interested and they agree to do some public interpretation and education, you may not have to wait long for a place for Tommy.

Yours with hope,
Sam Turner, M.D.
Director

MRS. MORTON FIELDS
2115 WALNUT STREET
RADFORD, TEXAS

November 18, 1957

DEAREST MOTHER,

Well, the enclosed letters give you the whole story in a nutshell—or shall I say, on a letterhead? I did so hope that I could do something for Lucy and

Henry and Tommy, and I kept waiting for the letter which would say, "we have found a place for Tommy."

What do we do now? I get awfully tempted to forget the matter and to concentrate on baking cakes for the church cake sale. But do you know, Mother, every time I close my eyes I can see a little boy's face, somber and worried? I even dreamed about Tommy the other night! The fact that he isn't mine or my primary responsibility doesn't seem to keep that nagging feeling away, the feeling that I ought to be able to do *something* for a youngster like that.

Right now, I am at my wit's end as far as Tommy is concerned. But I'll tell you this, Mother, I'm going to keep right on working with that Junior League Public Affairs Study Committee, and maybe one of these days, we'll be able to help get a residential treatment center going in Texas!

That's all for now—and not a very cheerful letter I'm afraid. Mort and the children are wonderful. We all are so busy that we boom out of the house every morning like that cereal that's shot from guns. But then, we all are well and liking each other, and I guess that's all that matters.

If Lucy comes back for a visit, give her a special hug for me. How I wish I could have helped to find some place for Tommy!

Love,
Helen



WHAT CAN BE DONE FOR TOMMY?

What *can* be done for Tommy?

That is a question which has concerned many Texans. Does the answer lie in establishment of training centers near medical schools in Texas? In the setting up of facilities at scattered points in the state? In the building of a pilot and experimental center? Or in a combination of all of these?

The previous letters show that there are not, in this state, adequate centers to care for emotionally disturbed children. However, the Public Affairs Study Committee was not content to know simply what was *not* available but determined to find out some of the possible ways in which such centers could be implemented in the state.

Because of the aspects of research and training in residential treatment centers, interviews with directors of the three medical schools of Texas were held. They demonstrated interest and concern. Since the medical schools play such an important role in guiding the development of training programs, they were invited to write letters concerning their interest and plans for the establishment of such centers.

While the letters in the earlier chapters were fictitious ones based on actual facts, the following letters are exact reproductions of the letters received.



THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL SCHOOL
5323 HARRY HINES BOULEVARD
DALLAS 19, TEXAS

December 16, 1957

Public Affairs Study Committee of
Nine Junior Leagues of Texas

Dear Committee Members:

In reply to your recent letter about "the Problem of Emotionally Disturbed Children in Texas", Dean A.J. Gill and I have read it carefully and feel that it is an excellent statement of an important child health problem in our state. We have discussed the implications of your proposed program, its effect on Southwestern Medical School program in psychiatry, and the possible contributions from several departments in the school.

Our department has been reorganized recently, and we are developing a teaching program, a research program, the various hospital and outpatient clinical services for psychiatric patients and an appropriate budget.

Naturally, we hope to develop an excellent child psychiatry service, which will focus on research and teaching. Although much is known in the field at the present time, there are many gaps in our knowledge and many areas where good research is needed. Our goals will be:

1. Teaching of child psychiatry to general residents in psychiatry

2. Teaching of diagnostic skills and treatment techniques to medical students, internes, pediatric residents, and personnel from related mental health fields (clinical psychology, social work, nursing, education)

3. Research into etiology, treatment, and prevention of children's emotional diseases

In addition, we propose to develop a specific subspecialty program in child psychiatry; this training program requires two years of formal supervised experience in an approved program. Residents must have had two or more years in general psychiatry and must show special skill in work with children. A subspecialty program in child psychiatry usually concentrates on outpatient work with

children and their parents, so that the child remains in his natural environment during evaluation and treatment. It is extremely important for the Department of Psychiatry to have a close, cooperative relationship with the Department of Pediatrics, since many of the children with emotional problems have minor or major physical problems, too.

Usually, through various types of arrangements, such as subspecialty program will have a teaching type of consultation relationship with a social or health agency, such as child welfare, juvenile court etc. This allows the trainee to have a supervised experience as a consultant to an agency, and prepares him to make a useful contribution in this general area of children's services when he enters into practice.

Ideally, as a part of a total program in the field, we should have some type of relationship with an inpatient children's service. These small hospitals or residential centers have service responsibilities; in effect, they must assume broad responsibility for their patients' housing, nutrition, education, recreation, and psychiatric therapy. Since personnel shortages are a major problem in this entire area, ideally, such a center should focus on training of per-

sonnel (psychiatry, social work, clinical psychology, child care workers), and should influence the teaching of many professional groups - medicine, pediatrics, educators.

There are several possible ways to set up such a center for emotionally ill children. In general, the expense of the programs make private care prohibitive for the majority of families. Thus the expense makes the problem a public health matter, and the treatment center needs support of private foundations, or local or state tax funds, or some combination of these supports.

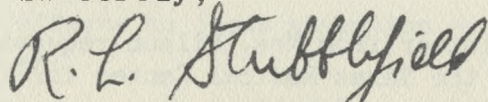
In the development of the program of the Department of Psychiatry, I do not feel that we can or should assume the responsibility for a service-oriented institution. As I view it, it is the responsibility of the University's faculty to teach and to explore new ideas and to expand our knowledge through basic and clinical research into a wide variety of problems. Probably the ideal relationship for our school might be a program comparable to the Veteran's Hospital program; that is, a children's facility might be established on

a private or public basis and some of our staff might serve as consultants to it, carry out specific research studies in it, etc.

Obviously, this is a complex problem, and the exact nature of the possible relationship between the medical school and the children's facility would require much thought and careful planning by all who are involved in the development of the program, both within the University and outside.

Dean Gill and I have discussed this matter on several occasions and would be pleased to talk with you and members of your committee.

Sincerely,

A handwritten signature in dark ink, reading "R. L. Stubblefield". The signature is written in a cursive style with a large, prominent "S" at the end.

R. L. Stubblefield, M. D.

RLS/rh

**BAYLOR UNIVERSITY
COLLEGE OF MEDICINE
TEXAS MEDICAL CENTER
HOUSTON, TEXAS**

M. D. ANDERSON DEPARTMENT OF PSYCHIATRY

January 7, 1958

**Public Affairs Study Committee of
Nine Junior Leagues of Texas**

Dear Committee Members:

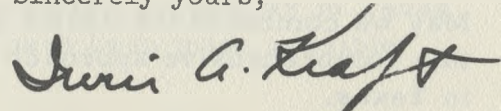
A letter from Mrs. Wilson requested a statement about the plans of the Texas Medical Center for the care of emotionally disturbed children. I believe you are primarily interested at this time in those children who require total care within a controlled setting outside their homes. The most common term for this is residential treatment.

The major functions of the Texas Medical Center are focused on training, teaching and research; there are no immediate plans for the establishment of a residential treatment service. The Texas Medical Center, mainly through the child psychiatry division of the department of psychiatry of the Baylor University College of Medicine, desires to foster studies in the behavioral problems of children, including those necessitating in-patient care. In time there might be a small number of beds for these studies.

The principal contributions that the Texas Medical Center could make for residential treatment would be to furnish professional personnel interested in studying the problems and evolving techniques of treatment. Presumably the facilities for such a unit would be provided by the community. Staff training, education and standards would be set and maintained by the personnel from the Texas Medical Center.

I wish you most success in your efforts to focus attention on this urgent problem and ways to meet it.

Sincerely yours,



Irvin A. Kraft, M. D.

Board for Texas State Hospitals and Special Schools

*Mailing Address:
Box S, Capitol Station
Austin*



*Office Address:
4405 Lamar
Austin*

Patrick I. McShane, M.D.
Director of Tuberculosis Hospitals

Rawley E. Chambers, M.D.
Ass't Director of Program Development

December 23, 1957

Public Affairs Study Committee of
Nine Junior Leagues of Texas

Dear Committee Members:

May we commend the Junior League Public Affairs Study Committee for this comprehensive approach to the needs of emotionally disturbed children in Texas.

This Board has long been aware of and concerned with the lack of facilities for proper care and treatment of the children who become its charges, and early in 1955 authorized construction of a 50-bed children's wing at Austin State Hospital. It is fully realized that this is not the ideal solution but is a stop-gap measure to meet a pressing need.

Further recognition of the problem is to be found in the Board's Mental Health Program for the State of Texas wherein 100 beds, in cottage-type environment, are suggested in conjunction with the establishment of a research, training and intensive treatment mental hospital to be located in close proximity to a medical center, preferably in the highly populated Gulf Coast Area.

The State hospitals are operated under funds appropriated by and provisions for their use established by the Legislature. So far none of these funds have been allocated to the construction and operation of residential treatment centers for emotionally disturbed children.

It should be noted that the lack of such facilities is not peculiar to Texas. The limited facilities available in the nation have been made possible

largely through private or benevolent financing. Some states have established such centers but have found them difficult to staff and expensive to operate.

To justify the expenditure necessary for a comprehensive program, it is believed such facilities in Texas probably should be planned in smaller units than now appears feasible in the State Hospital System and should be operated in conjunction with the medical schools for purposes of teaching and research.

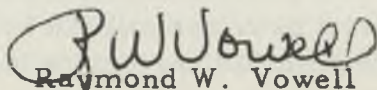
We wish to point out that although the hospital Board does not have all the facilities that might be desired, it has received in its institutions and will continue to receive many mentally ill children who have been admitted to hospitals in accordance to law. It is believed that these children have been receiving real and genuine benefit from their hospitalization. The 50-bed unit constructed at the Austin State Hospital was planned in such a way that it would allow separation from other categories of patients a relatively small group of children. It was recognized that this unit would not take care of all "emotionally disturbed" children. Furthermore, the patients that we will be prepared to treat there will not necessarily be violent or dangerous, but will need the specific treatments that will be available. The 50 beds

probably will be used for children below the age of 12 who need relatively short term inpatient treatment.

The term "emotionally disturbed child" includes a large number of behavior problems, some of which may not require intensive psychiatric treatment but do require that the child be removed from his home environment. Therefore, it is the feeling of our staff that future planning should include small units for intensive treatment of those who are acutely ill and larger residential type facilities for those requiring long term institutional care under psychiatric supervision and treatment. Continuing research in this type of care is necessary and can best be carried out in the hospital setting.

We are appreciative of the Junior Leagues' effort to focus attention on the problems of the disturbed children and we are confident that their interest will result in positive suggestions.

Sincerely,

A handwritten signature in dark ink, appearing to read "R W Vowell", written in a cursive style.

Raymond W. Vowell

Acting Executive Director

RWV:HC:lc

THE UNIVERSITY OF TEXAS — MEDICAL BRANCH
GALVESTON

THE JOHN SEALY HOSPITAL
THE CHILDREN'S HOSPITAL
THE PSYCHOPATHIC HOSPITAL
THE ROSA AND HENRY ZIEGLER HOSPITAL

THE SCHOOL OF MEDICINE
THE SCHOOL OF NURSING
THE TECHNICAL CURRICULA
THE POST-GRADUATE PROGRAM

December 23, 1957

Public Affairs Study Committee of
Nine Junior Leagues of Texas

Dear Committee Members:

Your booklet, "No Place for Tommy" points out clearly and accurately the plight of one emotionally disturbed child in fictional form. Unfortunately, hundreds of such children and families in Texas face similar, and often, even more serious disturbances. The need for a residential treatment center has long been recognized by our Medical School and by everyone concerned directly with the care of children - pediatricians, psychiatrist, schools, guidance clinics and the various social agencies operating in the state.

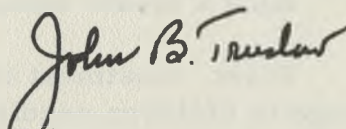
The difficulties in establishing such a clinic are obvious: the initial cost of remodeling or building adequate facilities for seriously disturbed children, as well as the operating budget, is alarmingly high; trained personnel is limited. Public education in the field of mental health in Texas lags far behind the nation as a whole. These handicaps are being increasingly met by other states, and certainly we have the potential for doing this also.

Such a center should have as its goal three main objectives.

First, treatment of the child and his family. Only a relatively small percentage of children needing this service could be hospitalized in the beginning. Perhaps the main goal of such a facility is the training of psychiatrists, psychologists, pediatricians, social workers, occupational therapists, nurses and educators, thus continually increasing the number of adequately trained personnel to serve the disturbed families of Texas. Certainly medical students and interns need basic training in child psychiatry. The third objective should, of course, be in the area of basic research in mental illness. Psychiatry has moved ahead very rapidly since the end of World War II, and there is now increasing emphasis on basic biochemical, physiologic and neurologic research.

The Junior Leagues of Texas have worked diligently and as always, intelligently on the project and have made an invaluable contribution in pointing out our state's needs in this area. Let me assure you that we at the University of Texas Medical Branch are vitally interested and will give whatever support possible in this endeavor.

Sincerely,

A handwritten signature in dark ink, reading "John B. Truslow". The signature is written in a cursive style with a large, looping initial "J".

John B. Truslow, M. D.
Executive Director

JBT:wdw

CONCLUSION

IT IS TRUE that Tommy is only one child and that the numbers of badly disturbed children in the entire state comprise only one or two per cent of the childhood population. However, even if there were no considerations other than the humanitarian ones, we still could not turn our backs on Tommy. Both democratic and religious principles teach us to be concerned about even the "least of these," and the child in trouble with himself probably needs help more desperately than any other person.

There are some persons who would say, "But there are so few badly disturbed children, and the cost of residential treatment centers is exorbitant. Is it worthwhile to be concerned?" Our answer would be, "Is it worth it to be concerned about a little fire, which consumes only a small part of the total landscape?" For little fires can become major conflagrations, and small numbers of disturbed children can upset entire communities. The youngster beating out against the world often commits crimes which shock communities and take their tolls in human lives and human expenditures.

True, the costs of such centers are very high. The initial cost of building runs into the thousands of dollars, and the annual operating budget is a minimum of \$90 thousand dollars for the care of twenty to twenty-five children. The Southard School of the Menninger Foundation has an operating budget of \$161,580 for 20 children. The Evanston Children's Home has a budget of \$116,083 for 20 to 25 children.*

But what is the hidden cost if no such centers are provided? The badly disturbed child who does not receive help often moves in one of two directions. He may continue his criminal activities until he is sentenced for a major crime, thus costing the taxpayer thousands of dollars for his care. Or, on the other hand, he may become a chronic patient in a state hospital. If his illness is of such long standing that modern treatment methods are not effective, he may spend 20 to 30 years in a state institution. At even \$600 per year, he may burden the taxpayer \$12,000 to \$20,000! It is more than possible that behind the frightened, aggressive facade of some of these disturbed youngsters, genius and productivity lie.

* Statistics taken from Reid and Hagan *Residential Treatment Centers: A Descriptive Study*, Child Welfare League of America.

Setting up such a center is both difficult and costly. That fact is indisputable! Yet, other states and other philanthropic groups have succeeded. In the centers studied by the nine Junior Leagues, most were begun with private capital, from foundations, community funds, charitable trusts. In Chicago the Jewish Children's Bureau operates with 64 per cent Jewish Federation money, 16 per cent welfare money, and the remainder from donations and patient fees. The Emma Pendleton Bradley Home in Providence, Rhode Island receives 72 per cent of their money from earnings of an endowment left by Mr. and Mrs. George Bradley and the remainder from patient fees.

Even if money is obtained, staffing such a center becomes a major consideration. A center without a well-trained, adequate staff is like a school building without good teachers. Every state in the union is beset with the shortage of child psychiatrists.

However, if a residential treatment center is once begun in Texas, it can help to solve some of its own problems! In a center, intensive training can be instituted, and more child psychiatrists can be prepared for work in other centers or guidance clinics, thus helping to alleviate the shortage of personnel in the state.

A residential treatment center lends itself to research, which can be highly productive in discovering facts about Tommy's disturbances and in finding ways to help Tommy and the children like him. If a residential treatment center were instituted in Texas, it is hoped that a far-reaching research program would become a part of it.

A residential treatment center is difficult to institute, expensive to build, hard to staff. YET the benefits of such a center outweigh all problems. While it may be rather easy to measure the cost of incarceration in prison or commitment to a state hospital, it is impossible to measure the returned benefit to the state of a child who becomes a productive citizen, able to function well in society, able to contribute to his community and his state.

It is well known that once Texans recognize needs in their state, they rally to fill those needs. Already many groups and some medical centers have evidenced interest in the establishment of residential treatment centers. Members of the Public Affairs Study Committee stand by to assist in any way possible to inform the citizenry and will be glad to communicate with any persons interested in this vital project.

As Texans become informed of the needs, as they become concerned about an action program, hundreds of citizens can work together, plan together, think together, and in so doing, they will find

SOME PLACE FOR TOMMY.